

FRESNO/KINGS/MADERA
EMERGENCY MEDICAL SERVICES

**HEALTH SERVICES AGENCY
POLICIES AND PROCEDURES**

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References		Effective 02/03/86

I. POLICY

Any unusual occurrence involving EMS personnel or operations will be reported according to the following procedures.

II. PURPOSE

The Quality Improvement policy is designed so that each participant in the EMS system has the opportunity to provide feedback and provide input into the operation of the EMS system. A QI Report affords the EMS Agency, and affected providers and hospitals, a process to document and review policies, personnel performance issues, or other positive, negative, or unusual incidents. In instituting the QI report, the author assists the EMS Agency, provider agencies, and hospitals, in constantly upgrading the delivery of Emergency Medical Services in the Fresno/Kings/Madera region and potentially improving medical care.

III. PROCEDURE

The author will notify his/her supervisor or equivalent (PLN/PLO) of the incident. QI reports may also be initiated through customer complaints received by provider agencies, hospitals, or the EMS Agency. The supervisor or PLN/PLO will prioritize the incident as either Emergent (immediate notification of the EMS Agency) or Non-Emergent. The author will initiate a Quality Improvement Report, and complete both sides of the form. The PLN/PLO will notify the QI Coordinator at the EMS Agency by the next working day for a QI file number.

If the information required on the report is unknown to the author, the liaison of the author's agency/hospital will assist in providing the information to help complete the form. Once the form has been completed the author will follow his/her agency's procedure for transferring the form to the liaison of their agency. After the liaison has received and reviewed the QI report, the liaison will follow the Quality Improvement flow chart. (fig C).

IV. Forms/Charts:

The documentation forms, flow chart, and category definition and example list are designed to facilitate a more efficient QI process.

Approved By EMS Division Manager	Signatures on File at EMS	Revision 02/01/97
Fresno County EMS Medical Director	Signatures on File at EMS	
Kings and Madera Counties EMS Medical Director	Signatures on File at EMS	

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A. Quality Improvement Report Form (fig A)

This is an OFFICIAL EMS Agency document, completed to initiate the QI process anytime an incident has occurred, negatively or positively, which impacts the EMS system. In addition, this document serves as the response document for individuals asked to give their input or statement. If additional documents are required, EMS personnel may write (ink only) or type their response on a separate piece of paper and attach it to the original QI report.

B. Quality Improvement Tracking Form (fig B)

This form is initiated by the Agency PLN/PLO upon receiving a QI report. The form is designed to track the QI report using the successive available lines in the Routing/Actions Taken section. The PLN/PLO will forward this form, along with the QI report, to involved agencies, until its final destination at the EMS Agency.

C. Category Definitions and Examples (fig C)

The QI category definitions and example list is to be utilized by the PLN/PLO or designee to categorize the type of QI incident as either Emergent or Non Emergent, as identified in sections "2" and "4" of the QI Flow Chart. Not all possible examples were expressed on this list, therefore, if an incident has occurred and is not identified on this list the PLN/PLO or designee should refer to the definition of categories.

Emergent - Issues that contributed to a negative patient outcome, and/or issues involving grossly inappropriate behavior by any involved personnel. Also, issues that may potentially be a threat to public health and safety but did not necessarily contribute to a negative patient outcome. These incidents require Immediate notification of the EMS Agency.

Non Emergent - Issues that did not contribute to a negative patient outcome and do not require immediate notification on the EMS Agency.

D. Quality Improvement Flow Chart (fig D)

This form is an overview of the QI process from the initiation of a QI report to its resolution. Agency PLN/PLO's should follow progressive steps and timelines of the CQI process closely to ensure a resolution in a timely manner.

IV. Documentation:

A. Quality Improvement Report is divided into five (5) sections.

Section I

Contains an area to designate the origin for the County involved, as well as a shaded grey box that is for Official use only.

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(sec I)

Section II

Included in this area is the Incident Logistic information. This information is one of the most essential parts of this document. It provides the specific information that allows the individuals involved to be contacted and the incident or issue to be reviewed more efficiently

- a. All applicable areas must be completed, to the best of your ability, prior to submission.
- b. "Personnel Involved" area should be completed to the best of your ability. First and Last names are preferred, but Agency unit # or Title will be accepted.

Special Note:

The intent of the QI process is to learn from the issue or incident in order to improve future performance. Therefore, every attempt should be made to discuss the issue(s) first with all parties involved prior to initiating the QI process. This may provide insight to all parties concerned, as well as an immediate educational benefit to the EMS system.

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(sec II)

Section III

This area serves as a reminder that notification of your supervisor is required, and to allow for tracking of that process.

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- a. The first step to initiate the QI process is to notify your On-Duty Supv/PLN/PLO. This should be done verbally, with the following information written on the QI Report document:

(sec III)

Section IV

This section is reserved for only the author's information and the date the document was actually submitted to the PLO/PLN. All areas should be completed prior to submission.

Special note: The date the QI Report was written and when it was actually submitted should be no more than 24 hours between the two. All QI reports must be turned in by the end of your shift, or within 24 hours after the incident.

(sec IV)

Section V (see fig A back)

This is the back of the QI report with three distinct areas: Key issue, Account of Incident, and Proposed Resolution. Each area must be completed, with the author's initials being placed at the end of the area.

- a. Key Issue: This is to be 1 to 2 sentences in length and highlight the primary point/concern. IE. Policy issue-Med error. It should not be a synopsis of the entire event or issue.
- b. Account of Incident: This is the area that the narration of the concern or issue should be stated. This will constitute the body of your QI report and should contain factual statements, free from subjective insight or politically motivated innuendos. Attempt to stay focused and concise.
- c. Proposed Resolution: This area MUST be completed by the author prior to being submitted. The purpose of this area is to gain insight into possible solutions from those individuals directly involved in the issue.

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This form is utilized by the PLN/PLO to track the QI Report. The Tracking Form is initiated at the time the PLN/PLO receives the QI Report from the author. The document becomes the record of all activities or actions. The Tracking Form is divided into four (4) sections.

Section I

This section identifies the demographics of the QI incident. This area should be completed as soon as possible, with the QI number being obtained by the EMS Agency by the next working day.

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(sec I)

Section II

This section classifies the type of issue in the QI incident to allow for easier categorization.

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(sec II)

Section III

This section documents the routing of the CQI process. The PLN/PLO should document all activities on the line provided pertaining to the incident (ie, received, forwarded, recommendation, action). The date and initials of the PLN/PLO making the actions should also be written.

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(sec III)

Section IV

The resolution area is the responsibility of the EMS Agency to complete, and signifies conclusion of the QI issue within the CQI process. The EMS Agency will notify the involved agencies of the final resolution.

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(secIV)

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Category and definitions are as follows:

CATEGORY	NON EMERGENT	EMERGENT
TIME FRAME	60 DAYS	60 DAYS
DEFINITIONS	Issues that did not contribute to a negative patient outcome and do not require immediate notification.	Issues that contributed to a negative patient outcome, grossly inappropriate behavior, or issues with potential threat to public health and safety.
EXAMPLES	Attaboys/Acknowledgement Broken/Missing/Controlled Medications Destination Issues Education Issues Equipment & Stocking Issues Interagency Issues Interdepartmental Issues Interpersonal Issues PCR Documentation Policy Clarification Policy Deviation Radio Communications Tracking Purposes Unusual Occurrence	<u>Negative Patient Outcome Issues:</u> Equipment & Stocking Issues Patient Assessment/Priority Setting Medication Errors Medical Treatment Private Party Complaints Policy and Procedure Deviations Recurrent Problems (Individual & System) Technical Skills Issues <u>Grossly Inappropriate Behavior Issues:</u> Fraud Gross Negligence Insubordination Patient Abuse Substance Abuse Unprofessional/Irrational Behavior

(fig C)

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